Approved for use through 04/30/2003. ONE 0651-0032

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UTILITY	
PATENT APPLICATION	l
TRANSMITTAL	

_	СОРОНО	10 0 0010000		contration and our displays a valid Civi	o Control Humber.
	Attorn	ey Docket N	lo.	P-US-CS-1145	
	First Ir	nventor	Andre	ew Walker	
	Title	Handle As	ssemb	oly for Tool	108 P.T
	Expres	ss Mail Labe	il No.	EU35949141413US	22

	TRAN	ISMITTAL		Title Handle Assembly for 1 oc			31		.8
(Only for n	ew nonprovisiona	applications under 3	7 C.F.R. 1.53(b))	Ехр	ress Mail Label No.	EU35	949141413L	is	22.
See MPEP o		ICATION ELEM		Ī	ADDRESS TO	):	Mail Stop Pa P.O. Box 14	er for Patents stent Application 50 A 22313-1450	10/612
2.	Submit an original an Applicant claims See 37 CFR 1.2 Specification preferred arranger Descriptive title or Cross Reference Statement Regan Reference to seq	[Tota ment set forth below] the Invention to Related Application ding Fed sponsored Ruence listing, a table,	ressing)  al Pages 21 ]		(if applicable, a a. ☐ Computer b. Specification i. ☐ CD-ROM ii. ☐ paper c. ☐ Statemen	r CD-F Progra for Am Il nece Read: Seque Il or CI	R in duplica m (Append ino Acid Se ssary) able Form once Listing D-R (2 copi	te, large table or (ix) squence Submission (CRF) on: es); or y of above copies	- A
-	Background of th Brief Summary of	the Invention of the Drawings ( if file on			9. Assignm 10. 37 C.F.R (when th	ent Pa . 3.73( ere is a	pers (cove b) Stateme an assigne	ent Power of Attorney	))
5. Oath or I a. b. i.	Copy from a profession of the	[Total d (original or copy) ior application (37 tion/divisional with OF INVENTOR(S in statched deleting in ior application, see 37	al Sheets  CFR 1.63 (d))  Box 18 completed  Number of CFR  CFR	i	13. ☐ Prelimina 14. ☐ Return R (Should 15. ☐ Certified (If foreig 16. ☐ Nonpubl	nt (IDS ary Am eceipt be spe Copy on prior ication (i). Ap	endment Postcard ( cifically iter of Priority E ity is claim Request u	9 Citations  MPEP 503)  mized)  occument(s)  ed)  inder 35 U.S.C. 122	
or in an App Conti Prior app For CONTIN under Box 5	nlication Data Shi inuation plication information IUATION or DIVISTS, Is considered	eet under 37 CFR 1.  Divisional on: Examiner SIONAL APPS only: a part of the disclos	.76:  Continuation-in-	part (C ire of t	CIP) of Art	prior ap Unit: from v	plication No which an oa and is hereb	th or declaration is sup	plied
			19. CORRESP	OND	ENCE ADDRESS				
☐ Custon	ner Number or Ba		sert Customer No. o	r Attac	ch bar code label here		r⊠ Co	rrespondence address be	elow
Name	Bruce S. Sha	piro							
Address	701 East Jop	pa Road							
City	Towson		State	7	MD	Zip	Code	21286	
Country	United States		Telephone	1	(410) 716-3254	ــــــــــــــــــــــــــــــــــــــ	Fax	over sheet & document(s)) ement	
Name (Pr	rint/Type)	Bruce S. Shapiro	)	Registration No. (Attorney/Agent) 33,120					
Signature B ~ S L							Date	6/23/03	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S. C. 122 and 57 CFR 1.14. This collection is estimated to take 12 minutes to complete including pathering, presenting, and submilling the completed application from to the USFTO. Time will vary depending upon the invitivation asset, any comments on the amount of time you require the complete this form and/or suggestions for reducing this turrien, should be sent to the Christ Information Officer, U.S. Pather and Trademark Office, U.S. Opportuned to Commerce, P.O. Box 1450, Macandris, W.Z. 2213-1450. DNT SERN PEES OR COMPLETED FORMS TO THIS ADDRESS. SERD TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Macandris, W.Z. 2213-1450.

Approve to ruse introugn unsuccus. One best 400x.

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CCC TO AMOMITTAL	Complete if Known						
FEE TRANSMITTAL	-	Applica	ation Nur	nber	N/A		
for FY 2003		Filling D	Date		N/A		
		First N	amed In	entor	Andre	w Walker	
Patent fees are subject to annual revision.		Examin	ner Name	9	N/A		
		Gmun	/ Art Uni		N/A		
		-			-		
TOTAL AMOUNT OF PAYMENT (\$) 1734		Attorne	y Docke	t No.	P-08	CS-1145	لا
METHOD OF PAYMENT (check one)				FEE CA	ALCULATION (continued)		
The Commissioner is hereby authorized to ch			ITIONAL	FEES			
<ol> <li>indicated fees and credit any over payments</li> </ol>	10:	ì	Large Entity		Small		
Deposit		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account 02-2548 Number		1051	130	2051	65	Surcharge - late filing fee or oath	raid
Deposit	_	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Account Black & Decker (U.S.) Inc.	1	1053	130	1053	130	Non-English specification	
Name		1812	2,520	1812	2,520	For filing a request for reexamination	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Applicant claims small entity status.  See 37 CFR 1.27	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
2. Payment Enclosed:	1251	110	2251	55	Extension for reply within first month		
☐ Check ☐ Credit card ☐ Money ☐ Othe Order	1252	410	2252	205	Extension for reply within second month		
FEE CALCULATION		1253	930	2253	465	Extension for reply within third month	
BASIC FILING FEE		1254	1,450	2254	725	Extension for reply within fourth month	
Large Entity Small Entity		1255	1,970	2255	985	Extension for reply within fifth month	
Fee Fee Fee Fee Description Code (\$) Code (\$)	ee Pald	1401	320	2401	160	Notice of Appeal	$\vdash$
1001 750 2001 375 Utility filing fee 75		1402	320	2402	160	Filing a brief in support of an appeal	
1002 330 2002 165 Design filing fee		1403	280 1,510	2403 1451	140	Request for oral hearing Petition to institute a public use	$\vdash \vdash$
1003 520 2003 260 Plant filing fee		1452	110	2452	55	proceeding Petition to revive – unavoidable	
1004 /50 2004 3/5 Ressue ming fee		1452	1.300	2453	650	Petition to revive - unavoidable  Petition to revive - unintentional	$\vdash$
1000 100 2000 OV FIOTIONISH HIRLING ISS		1501	1,300	2501	650	Utility issue fee (or reissue)	$\vdash$
SUBTOTAL (1) (S	750	1502	470	2502	235	Design issue fee	
2. EXTRA CLAIM FEES		1503	630	2503	315	Plant issue fee	
Extra Fee from	Fee	1460	130	1460	130	Petitions to the Commissioner	
Claims   below   Total Claims   42   -20   =   22   X   18   =	Pald 396	1807	50	1807	50	Petitions related to provisional applications	
Independent 10 -3 = 7 X 84 =	588	1806	180	1806	180	Submission of Information Disclosure Stmt	

X = Entity	8021 1809	40	8201	40	Recording each patent assignment per property (times number of properties)	
F	1809					
		750	2809	375	Filing a submission after final rejection (37 CFR § 1,129(a))	
(\$) Fee Description	1810	750	2810	375	For each additional invention to be	
9 Claims in excess of 20	1				examined (37 CFR § 1.129(b))	
42 Independent claims in excess of 3	1,004	750	2004	275	Page and for Continued Examination (BCE)	
140 Multiple dependent claim, if not paid	1					
42 ** Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination of a design application	
9 ** Reissue claims in excess of 20 and over original patent	1					
	*Redu	ced by Ba	asic Filin	g Fee F	Paid SUBTOTAL (3) (\$)	
if greater, For Reissues, See above						
	140 Multiple dependent claim, if not paid  12 ricksue independent claims over  13 original patent  14 Reissue claims in excess of 20 and  15 over original patent	0 Claims in excess of 20 2 Independent claims in excess of 3 140 Multiple dependent claims in excess of 3 140 Multiple dependent claims in extens of 3 2 "Resizus independent claims over original patient " Restauce claims in excess of 20 and over original patient SUBTOTAL (2) (\$) 984  "Redu	9 Claims in excess of 20 1 Independent claims in excess of 3 140 Multiple dependent claims in excess of 3 140 Multiple dependent claims in 1 foot paid 2 "Resizus independent claims over original patent  "Resizus claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 984  Cotter fee (speci	9 Claims in excess of 20 24 Independent claims in excess of 3 140 Multiple dependent claims in excess of 3 140 Multiple dependent claims in excess of 3 24 "Relations independent claims over original patient 4 "Relations delims in excess of 20 and over original patient 5 USBTOTAL (2) (8) 984  Cher fee (specify)  *Reduced by Basic Filin  *Reduced by Basic Filin	0 Claims in excess of 20 2 Independent claims in excess of 3 140 Multiple dependent claim. I rnot paid 2 "Roissue independent claims over original patient 3 "Roissue claims in excess of 20 and over original patient SUBTOTAL (2) (\$) 884  Traduced by Basic Filing Fee P  "Reduced by Basic Filing Fee P	Citains in excess of 20 20 21 21 21 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24

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Registration No. Attorney/Agent)

Name (Print/Type)

Signature

Bruce S. Shapiro

33,120

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